

HANDBOOK

For Residential Facilities

Participating In The

Washington Basic Food Program



**DDD GROUP HOMES
DRUG & ALCOHOL TREATMENT CENTERS**

May 2005

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HANDBOOK FOR RESIDENTIAL FACILITIES PARTICIPATING IN THE WASHINGTON BASIC FOOD PROGRAM

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0.1 DOCUMENT HISTORY

The revision history for this document is identified below and is retained for historical reference:

Revision	Effective Date
Initial Publication	August 2003
Revision 1	January 2004
Revision 2	August 2004
Revision 3	May 2005

0.5 WHAT'S NEW IN THIS REVISION

- Added a new [Section 0.1](#) Document History.
- Added a new [Section 0.5](#) to outline the changes in the current revision.
- **Clarified [Section 2.6 A . Applying For FNS Certification](#):** Previous version said “Sponsoring agencies, which administer facilities in separate geographic addresses, should obtain an application and apply separately for each facility”. The language was changed to “must obtain an application and apply separately for each facility.”
- **Clarified [Section 7.7 B. Recipient Enters A Facility – No Other Members In Resident’s Food Assistance Unit \(AU\)](#):** Previous version said, “If a resident currently receiving food benefits enters the facility on or before the first of the month, the facility may withdraw the full monthly food benefit for that month”. The language was changed to “If a resident currently receiving food benefits enters the facility on or before the first of the current month, the facility may withdraw the full monthly food benefit for the current month.”
- **Modified [Section 7.7 G. How to Determine The Resident’s Monthly Benefit Amount](#):**
Added new subsection 4 with instructions for accessing resident’s EBT Account Information on the Internet. Access to the information requires use of the 16-digit EBT card number and PIN. The resident can access the site with his or her card number and PIN. Facility staff can also access the site using the facility’s Alternate Cardholder Card and PIN. The site address is:

www.ebtaccount.jpmorgan.com

Also modified subsection 7.7 G.6 to clarify that when a facility must contact the local office to determine benefit amounts, group homes contact their local office financial worker. Drug and alcohol treatment centers contact their local office Single Point of Contact.
- **Modified [Section 8.6 B. to include a new subsection 1 describing a new method for facilities to file their monthly food assistance report](#):** The new method describes a new Monthly EBT Transaction Statement which, at the facility’s option, may be used to report their EBT transactions for the prior month.
- Added New [Section 9.5](#) to describe Internet Access to EBT Account Information.
- Added new [Appendix E](#) - Client Online EBT Account Information.
- Added new [Appendix F](#) - EBT Monthly Transaction Statement

1.0 INTRODUCTION

1.1 Purpose Of This Handbook

This document outlines policy and procedures for residential group homes and drug & alcohol treatment centers that participate in the Basic Food Program. It describes the various options for participation under the Electronic Benefit Transfer (EBT) system.

1.2 Acronyms

ACES:	Automated Client Eligibility System
AVR:	Automated Voice Response System for the EBT Helpdesk
AU:	Assistance Unit.
CSO:	Community Services Office
CSR:	EBT Helpdesk Customer Service Representative
DASA:	Division of Alcohol and Substance Abuse
DDD:	Division of Developmental Disabilities
DSHS:	Department of Social and Health Services
EBT:	Electronic Benefits Transfer
FNS:	Food and Nutrition Services
PIN:	Personal Identification Number
POS:	Point of Sale equipment

1.3 Definitions

Applicant: A person applying for assistance with the Department of Social and Health Services for economic assistance such as food, cash or medical assistance.

Alternate Cardholder: This is a person other than the head of the assistance unit who has access to the client's EBT account. Except for drug & alcohol treatment centers, clients must sign a release authorizing access to his or her benefits by another person. See [Section 6.5](#) for instructions on facilities as alternate cardholders.

AU ID: This is the Assistance Unit Identification number, a nine-digit number assigned to a group of people who apply for or receive assistance together for one program. A client/resident receiving cash, food and medical assistance will have three AUs, one for each program.

Basic Food Program: The Washington Basic Food Program includes the federally funded food stamp program and a state-funded food program for legal immigrants who are not eligible for food stamps. The terms Basic Food, food assistance, food benefits and food stamps referenced in this handbook all refer to the Washington Basic Food Program.

Client ID: This is the nine-digit number that identifies the specific client/resident to eligibility system (ACES) and to the EBT system. The number is assigned to each recipient of food, cash or medical assistance and is the person's unique identification in the ACES and EBT system for the life cycle of ACES.

Drug and Alcohol Treatment Center: See definition in [Section 2.4 B](#) of this handbook.

Group Home: See definition in [Section 2.4 A](#) of this handbook.

Offline Food Stamp Vouchers: These are uniquely numbered paper authorizations used when POS equipment/lines are not working or for facilities that routinely process less than \$100 in

food benefits each month. The terms vouchers, manual vouchers or food stamp vouchers referenced in this handbook all refer to the Offline Food Stamp Vouchers.

Point of Sale Equipment (POS): Equipment provided by DSHS to residential facilities allowing them to electronically withdraw food/cash benefits from resident's EBT accounts and have those benefits deposited as cash in the facility's bank account.

Recipient: A person who is currently receiving economic assistance from the Department of Social and Health Services for food assistance.

2.0 OVERVIEW: RESIDENTIAL FACILITIES AND BASIC FOOD PROGRAM

2.2 Federal Regulations

Federal regulations in 7 CFR 273.11 authorize certain residential, non-profit facilities to participate in the Basic Food Program. These regulations outline the rules and special procedures that apply to residents living in group homes and drug and alcohol treatment centers.

2.4 Eligible Facilities

Two types of facilities qualify as approved residential facilities.

- Division of Development Disabilities (DDD) licensed group homes, and
- Division of Alcohol and Substance Abuse (DASA) licensed drug and alcohol residential treatment centers.

A. DDD Certified Group Homes

1. Definition

Group homes are residences licensed as either a boarding home or an adult family home by DSHS Division of Developmental Disabilities (DDD). Group homes provide residential services to two or more residents with a developmental disability.

To be eligible for participation in the Basic Food Program, group homes must have 16 or fewer residents and be either a public or private nonprofit organization.

2. Group Homes Decide How Their Residents Participate In The Basic Food Program

Group home facility administrators/managers must decide the level of participation by the group home for the residents living in the facility. The decision is based on the resident's physical and/or mental ability to handle their affairs. The three levels of participation are outlined in [Section 2.9](#). Group home facilities choosing to participate under "Participation Level 3" must apply for and be certified by FNS. See [Section 2.9](#) for procedures for applying for FNS certification.

B. DASA Certified Drug and Alcohol Treatment Centers

1. Definition

Drug and Alcohol Treatment Centers are certified by the DSHS Division of Alcohol and Substance Abuse (DASA). These facilities provide inpatient adult residential treatment

services for individuals with alcohol or drug addictions. Inpatient treatment centers include the following:

- Intensive Inpatient Treatment Centers;
- Pregnant and Parenting Women Centers;
- Recovery Houses;
- Extended Care Recovery Houses;
- Long-term Care Residential Treatment Centers.

Note: Residents living in outpatient facilities owned/operated by the facility may not use their EBT card to purchase prepared meals at the inpatient dining facility. Food assistance regulations specifically prohibit individuals from purchasing prepared meals unless the individual is homeless and the facility is licensed as a homeless meal provider.

2. Drug and Alcohol Treatment Centers Must Be FNS Certified

To participate in the Basic Food Program, DASA certified drug & alcohol treatment centers must also be FNS certified. See [Section 2.6](#) for the application process for FNS certification.

To be certified by FNS, a DASA approved drug & alcohol treatment center must be a public or private nonprofit organization.

Once certified by FNS, treatment centers participate in the food program using Participation Level 3, EBT Authorized Facility. See [Section 2.9 C](#) for a description of this option.

2.6 FNS Certification

Group homes choosing “Participation Level 3” and all drug and alcohol treatment centers must be FNS certified to participate in the Basic Food Program.

A. Applying For FNS Certification

Facilities may request an application for FNS certification by calling the Seattle office of the Food and Nutrition Services at **(206) 553-7410**. FNS will send an application and identify any supporting information required as part of the application process.

If the facility is under the authority of a sponsoring agency, the sponsoring agency must make the application. Sponsoring agencies, which administer facilities in separate geographic addresses, must obtain an application and apply separately for each facility.

B. FNS Certification Approval

1. If approved, the sponsoring agency or independent facility will receive notice from FNS along with a unique, seven-digit “Food Stamp Program Permit Number” for each separate facility.
2. FNS will notify the EBT vendor of the approval. Upon notice, the EBT Vendor will send the facility an EBT contract.

2.7 EBT Contract

A. Contracts Mailed by EBT Vendor

When notified by FNS that a facility has been FNS certified, the EBT contractor will send the sponsoring agency or independent facility two identical EBT contracts for each facility location. The format and terms of this contract have been approved by FNS and the state.

The wording on the EBT contract is geared to food merchants but the contract is also used for group homes and drug & alcohol treatment centers. It outlines the terms of use for state-provided POS equipment, payment/settlement to facilities, confidentiality requirements, and other rules of the road for EBT transactions.

B. Completing the EBT Contract

The EBT contract must be completed by all drug & alcohol treatment centers and group home facilities that have chosen to participate in the food assistance program under Participation Level 3, EBT Authorized Facility. Both copies of the contract must be signed by the sponsoring agency or, for independent facilities, by the facility administrator/manager and returned to the EBT contractor. The EBT Vendor will sign and return one copy of the contract to the facility.

1. The first page of the EBT contract provides a place for the facility to identify the type of benefits that will be accepted by them ("PRIMARY METHOD OF FS ISSUANCE") and the method the facility will use to withdraw the benefits ("FORM OF BENEFIT ISSUANCE").
 - a. **PRIMARY METHOD OF FS ISSUANCE:** If the facility expects to receive benefits of approximately \$100 or more each month, the facility should select the box for "Electronic Issuance". The box for "Manual Issuance" is for facilities that expect less than \$100 each month. These facilities will receive Offline Food Stamp vouchers rather than POS equipment. See [Section 7.6](#) for more details on use of Offline Food Stamp Vouchers.
 - b. **FORM OF BENEFIT ISSUANCE:** Most facilities should select the box for "Food Stamp Benefits only". The only facilities that could consider allowing EBT cash transactions would be drug & alcohol treatment centers licensed for TANF program residents.
2. Also included with the contract is a separate document titled "EBT Store Detail Information". This 1-page form must also be completed and returned with the contract. The form provides the EBT vendor with necessary information to install and process electronic transactions and deposit funds into the facility bank account.
3. A voided check must also be returned to the EBT vendor with the contract to ensure that electronic deposits are credited to the facility's appropriate bank account.

C. POS Equipment Installation/Offline Food Stamp Vouchers

DSHS provides Point of Sale (POS) equipment to FNS certified group homes and drug & alcohol treatment centers that withdraw food benefits of \$100 or more each month. Facilities with less than \$100/month will be provided Offline Food Stamp Vouchers. See [Section 7.6](#) for more details on use of Offline Food Stamp Vouchers.

Once the completed EBT contract is returned, the EBT Vendor will contact the facility to arrange for installation and training on the POS equipment. In most cases, the POS equipment, vouchers and instructions for use are mailed to the facility at the same time.

Installation and training will usually be provided on site by the EBT vendor at a mutually agreed upon time. In some cases, it may be necessary to do this via phone.

2.9 Facility Participation Levels

Group Homes: Group home administrators/managers must decide how the facility will participate in the Basic Food Program. The decision is made on the basis of the resident's physical and/or mental ability to handle their affairs. There are three levels of participation available for group homes. The facility administrator/manager is solely responsible for making the decision under which option the facility participates.

Drug & Alcohol Treatment Centers: Drug & alcohol treatment centers must participate in the Basic Food Program under Participation Level 3, EBT Authorized Facility.

A. Participation Level 1: Resident Handles Their Own Benefits

This option is available only to Group Homes. Under this option, residents apply for food benefits on their own. If eligible, they use their own Washington QUEST card to purchase food at retail food stores. Although a facility may assist the resident with the application, transportation, or shopping, the facility has no direct role in purchasing food. This is an appropriate option for residents able to manage their own food assistance benefits.

B. Participation Level 2: Group Home Acts As Alternate Cardholder

This option is available only to Group Homes. The option is used when a facility administrator/manager determines it is more convenient for the facility to purchase food on behalf of the residents in the facility.

As in Participation Level 1 above, the food benefit recipient will receive their own Washington QUEST card allowing them access to their EBT food benefits. In addition, the resident appoints an individual from the group home to act as his/her Alternate Cardholder. Both the resident and the Alternate Cardholder receive their own Washington QUEST cards that are each linked to the resident's EBT account.

This option allows both the resident and the Alternate Cardholder to use their respective cards to purchase food at retail food stores. The resident may cancel the card of an Alternate Cardholder at any time by calling the toll free number on the back of the card.

The same person in the facility may act as an alternate cardholder for several residents. However, a separate alternate cardholder card is required for each resident. A Washington QUEST card can be linked to only one food account. See [Section 6.5 B.](#) for details on how to obtain alternate cardholder cards.

C. Participation Level 3: EBT POS Authorized Facility (Both Group Home and D & A Treatment Centers)

Under this option, the facility must be FNS certified. Point of Sale (POS) equipment or paper vouchers are provided to the facility and are used along with an EBT Card to withdraw benefits from the resident's EBT account. Once withdrawn, food benefits are paid in cash directly into the facility's bank account. This is similar to the process used by food retailers.

There are special program requirements that apply to facilities that are participating in the Basic Food Program at this level. These requirements are identified in [Section 3.2 B.](#)

The facility, at their option, may obtain alternate cardholder cards for each of their residents. This allows the facility to withdraw benefits from the resident's EBT account without using the resident's EBT card and Personal Identification Number (PIN). See [Section 6.4](#) for more information on the advantages and disadvantages of using facility Alternate Cardholder cards.

3.0 PARTICIPATION REQUIREMENTS

3.2 Program Requirements

Facilities must meet the following state and federal program requirements for residents to continue to participate in the Basic Food Program.

A. Program Requirements For All Facilities

1. Report to DSHS the date a food assistance recipient enters or leaves the facility within 10 days of the change.
2. Use EBT food benefits to purchase food for the residents in the facility.

EBT benefits must be used to purchase food items that will be used by the residents of the facility. It is a violation of program requirements for food purchased with EBT benefits to be used for non-residents.

***Note:** This requirement should not be interpreted to mean that food purchased with food benefits be used solely for the resident(s) eligible for food assistance. It is understood that other residents of the facility who may not be receiving or eligible for food benefits may use food items purchased with food benefits.*

3. Report changes in the facility demographics to the EBT project office within 10 days of the change. For procedures and specific items to be reported see [Section 8.4](#).
4. Stop using resident's benefits after the resident has left the facility or if the facility is subsequently decertified from participation in the food benefit program, or if the residential license is revoked by DSHS.
5. If resident's EBT cards are collected by the facility, return them to residents at the time they leave the facility. If resident's cards cannot be returned before the resident leaves, destroy the card by the end of the month in which the resident leaves.
6. Cooperate with DSHS during periodic on-site reviews. See [Section 3.6](#) for more information on these periodic reviews.

B. Program Requirements For Facilities Using Participation Level 3

1. Withdraw benefits from client EBT accounts in accordance with state and federal rules. See [Section 7.7](#) of this document for a list of these rules.
2. Use cash from food benefits to purchase food for the residents in the facility. It is a violation of program requirements for benefits provided in cash to be used for non-food purchases.

3. Credit (return) half of the resident's monthly benefits to residents who leave the facility on or before the 15th of the month. Benefits should be credited back to the resident the same day as the resident leaves if possible. In no case should these credits be delayed more than three (3) calendar days from the date the resident left the facility. (e.g. client leaves the 1st day of the month. Half of any withdrawn food benefits must be returned by the 3rd).
4. Provide DSHS a monthly report no later than the 15th of the following month certifying the amount of food benefits withdrawn from or returned to resident's EBT accounts. See reporting procedures in [Section 8.6](#).
5. Maintain EBT transaction records according to the facility's standard business practice for maintaining financial records provided retention is not less than 1 year.

3.4 Record Keeping (Participation Level 3)

It is essential that accurate records be maintained by the facility to support their use of food benefits. This includes withdrawals/returns to residents as well as verification that cash deposits of food benefits are spent only on food products purchased for residents of the facility.

Facilities should use their standard business practice for maintaining the financial records of the organization. However, in no case should records supporting food benefit withdrawals/credits and purchases be destroyed in less than 1 year.

A. Transaction Receipts - Withdrawal and Return of Benefits

Facilities must keep accurate, detailed records of all EBT withdrawals/returns by resident. Facilities must provide DSHS a monthly report of these transactions and will be subject to periodic on-site reviews by DSHS. See [Section 3.6](#) for information on DSHS periodic reviews.

Facilities should keep a copy of all successful POS transaction receipts and vouchers. These receipts should be used to prepare the monthly report and should be kept as part of the facility's financial records and retained accordingly. The name of the resident should be clearly written on POS receipt since the only other identifying information printed is the last four digits of the EBT card number. These receipts are the basis of the monthly report to DSHS. See [Section 8.6](#) for details on the monthly report.

B. Food Purchases

Facilities must be able to verify that food expenditures for the facility are equal to or greater than the food benefits received. In determining this, non-food items must not be included as food expenditures. Non-food items include cooking utensils, plates, silverware, light bulbs, toilet paper, and other household supplies usually found in grocery stores and supermarkets. It is recommended that facilities save receipts or billing statements that clearly detail the food purchases.

C. Reconciliation

POS equipment is designed to provide a daily total of all transactions completed each day. See the "POS Procedures Manual" provided at the time of POS installation for details on this function. These daily transaction summaries should be run and maintained by the facility to confirm deposits to the facility's bank account and to verify that all transaction receipts have been accounted for each day. These daily transaction summaries do not contain any resident specific information.

3.6 DSHS Periodic Reviews

DSHS may conduct periodic on-site reviews of residential facilities to assure that they are meeting the requirements of the Basic Food Program. Areas of focus for these reviews may include accuracy in reporting benefit withdrawals, use of food benefits for residents and/or handling of EBT cards. See record keeping requirements in [Section 3.4](#).

These reviews will be prearranged with facility administrators/managers.

4.0 APPLICATION FOR FOOD BENEFITS FOR RESIDENTS

Applications for food benefits are made at Community Service Offices (CSO). Applications are made using the “Application for Benefits”, form DSHS 14-001. These applications can be obtained from the nearest Community Services Offices or can be downloaded from the DSHS Forms Internet at:

<http://www.dshs.wa.gov/dshsforms/forms/eforms.html>

4.2. Relationship to Other Assistance Programs

Residents who are receiving cash and/or medical assistance may or may not be receiving food assistance. Facilities are encouraged to apply for food benefits for all residents not currently receiving them. Eligibility will be based on the resident’s financial eligibility.

4.4. Who May Apply

Residents of group homes may apply on their own behalf if the facility administrator/manager has determined that the facility will participate in the food program using Participation Level 1. See [Section 2.9](#) for details.

Applications are made by the facility representative for group homes choosing Participation Level 2 or 3 and for all drug & alcohol treatment centers.

4.6 Applying For Food Benefits

When making application for residents, use the resident’s permanent address and not the facility address.

A. Applying In Person or By Mail

Applications may be submitted to Community Services Offices in person, by mail, or by fax.

It is advantageous for the facility to apply for Basic Food benefits as soon as the resident has entered the facility. This is because the amount of benefits in the initial month of eligibility is based on the date the application is received by the “appropriate” Community Services Office. Applications may be made directly to the resident’s appropriate Community Services Office or to any Community Services Office who will forward to the appropriate office.

NOTE: The effective date of application may be delayed by one or two days if an application is mailed or delivered to an office other than the resident’s “appropriate” office.

To locate the appropriate Community Services Office for the resident, see [Section 4.8](#).

B. Applying Online

The Online Community Services Office is available to anyone who has access to the Internet. Facilities may apply online for food benefits or other services. The site is located at the following Internet address:

https://wws2.wa.gov/dshs/onlineapp/introduction_1.asp

NOTE: *In the Internet site above, there is an underline between “introduction” and “1”. (/introduction_1.asp).*

Once submitted, applications are electronically routed to the appropriate Community Services Office for action.

4.8 Locating the Resident’s Appropriate Community Services Office

Group homes will usually apply at the Community Services Office nearest their residential facility. In most cases this is the office responsible for the zip code area in which the facility is located.

Drug & alcohol treatment centers may also make applications at the nearest local Community Services Office. However, these applications will be forwarded to the appropriate local office based on the zip code of the resident’s permanent address. The date of application will not start until the application reaches the appropriate local office.

To find the resident’s appropriate Community Services Office and their fax numbers contact your local Community Services Office or use the Internet site below and enter the zip code for the resident’s permanent address:

<https://wws2.wa.gov/dshs/onlinecso/findservice.asp>

4.9 Notice of Eligibility

Residents will be sent a letter of approval or denial once eligibility has been determined.

A. Approval of Assistance

If approved, the resident will be sent a letter outlining the benefit amount they will receive for the initial and subsequent months. It will also identify the date the monthly benefit will be available.

B. Notice to the Facility

Facilities may receive an initial and then monthly “Food Assistance Payee Remittance (0038-01)” letter for all residents receiving food assistance. See an example of this remittance letter in [Appendix A](#). These notices will be sent only if the local office codes the facility as the authorized representative in the eligibility system.

The monthly letter to facilities will usually be mailed the last Monday of the month. If the last Monday is a state/federal holiday, the notice will be mailed the next day unless that day begins the new month. In that case, the notice will be mailed the second to the last Monday of the month.

5.0 BENEFIT ISSUANCE

5.2 Initial Month of Food Benefits

For the initial month of food assistance for an eligible applicant, benefits are prorated from the date of application. This date is based on the date the application is received by the appropriate Community Services Office. Benefits are usually deposited into the resident's EBT account by 9:00 A.M. the day following the date eligibility is determined.

5.4 Monthly Food Benefits

Monthly food benefits are deposited into EBT account over the first 10 days of the month including weekends and holidays. The date of deposit is based on the last digit of the resident's Food Assistance Unit (AU) number. AU numbers ending in 1 are deposited on the first day of the month and AU numbers ending in 0 are deposited on the 10th of the month.

The "Food Assistance Payee Remittance (0038-01)" letter will identify the date when benefits will be deposited to the resident's EBT account. See [Appendix A](#) for a sample of this letter.

In some cases, the department may cancel food benefits after the "Food Assistance Payee Remittance (0038-01)" letter has been sent but before the benefits have been deposited into the resident's EBT account. If this occurs, DSHS sends the facility the "Cancellation Of Food Assistance Benefits" (0038/03). See [Appendix B](#) for a sample of this letter.

6.0 EBT CARDS AND PINS

Food and most cash benefits are accessed using the Washington EBT Quest Card and a four-digit Personalized Identification Number (PIN). Unless cancelled, damaged or replaced, EBT cards can access food/cash benefits in the resident's EBT account 24 hours/day, 7-days/week. However, for security purposes, the EBT system will lock out the card from the account after 4 consecutive incorrect PIN entries. The card/PIN may be used again after 10:00 PM Pacific Time when the lock out is reset.

NOTE: Food benefits may also be accessed by just an EBT card number without a PIN using a paper Offline Food Stamp Voucher. See [Section 7.6](#) for information on using Offline Food Stamp Vouchers.

6.2 Resident's EBT Cards and PINs

EBT cards are issued to recipients of cash and food assistance at the time of approval. Cards may either be mailed by the EBT vendor or issued in the local Community Services Office.

Mailed EBT cards will have a system generated PIN. When cards are issued in person at the local office, residents choose their own PIN. Clients may select their own personalized number for mailed cards by going to any Community Services Office and asking for a PIN reset.

Mailed cards may have the resident's name embossed on the card. Cards issued in the local office are not embossed with the client name.

6.3 Alternate Cardholder Cards and PINs

Additional EBT cards may be issued to individuals other than the resident to assist them to use their food or cash benefits. These individuals are called Alternate Cardholders and include spouses, other household members or non-household members chosen by the resident. Facilities may also appoint representatives to act as Alternate Cardholders for their residents.

Alternate cardholders are issued their own unique EBT card to access either food or cash or both from the resident's EBT account. These cards are issued in person at the local office and do not contain an embossed name.

Except for drug & alcohol treatment representatives, Alternate Cardholders must be authorized in writing by the resident on the form "Authorization For Alternate EBT Cardholder". For an example of this form see [Appendix C](#).

6.4 Facilities Choice to Use Resident or Facility Alternate Cardholder Cards

Facility administrators/managers may choose to use resident EBT cards, obtain facility Alternate Cardholder cards or use a combination of both methods depending on resident/facility circumstances.

Having Alternate Cardholder cards allows greater flexibility and control in withdrawing resident's EBT benefits and it may reduce the possibility of benefits being used outside of the facility. However, this greater flexibility and control requires additional effort and diligence in obtaining, controlling, and destroying cards after residents leave. See discussion of advantages and disadvantages of using the resident/Alternate Cardholder cards below.

A. Advantages/Disadvantages of Using Recipient Cards

This method requires residents to have their own EBT card with them and know their PIN while at the facility. They must swipe their card and enter their PIN through the POS equipment each month.

1. Advantages

- a) Facility staff will not have to obtain alternate cardholder cards from the local office for each resident.
- b) Facilities will not have to secure alternate cardholder cards to prevent unauthorized use.
- c) Residents may have a greater sense of contributing to their care.

2. Disadvantages

- a) Residents may enter the facility without an EBT card/PIN. The resident will have to be transported to the CSO to obtain a new/replacement card/PIN in person. Although mailed cards are an option, in some cases, cards may be sent to the resident's home address.
- b) POS equipment will have to be located so that residents have access. The resident must swipe their EBT card and enter their PIN directly into the POS equipment.
- c) Residents may not be available or may have left the facility the day their benefits are posted to their EBT account. This will delay or prevent the withdrawal of benefits for the facility.
- d) Residents may be unwilling to use their EBT benefits even though they are required to do so by regulation.

- e) Facilities will have to obtain an alternate cardholders card if the resident leaves prior to the 16th of the month and the facility was unable to have the resident use their EBT card to return half of the monthly benefits.

B. Advantages/Disadvantages of Using Facility Alternate Cardholder Cards

This option requires that a facility representative obtain a separate Alternate Cardholder card for each eligible resident.

1. Advantages

- a) Facility is in control of the benefits and may withdraw them as soon as they become available.
- b) Facilities do not have to transport residents to local offices to obtain new/replacement cards/PINs.
- c) POS equipment can be located away from resident traffic e.g. accounting office.
- d) Facilities can return benefits to residents who leave prior to the 16th of the month.

2. Disadvantages

- a) Facility representative will have to obtain an alternate cardholder card in person at the local office.
- b) Will have to secure the card so as to prevent inappropriate use and destroy when the resident leaves the facility. See [Sections 6.6](#) and [6.9](#) for more details on these issues.

6.5 Facilities As Alternate Cardholders

A. Appointment of Facility Representative to Act as Alternate Cardholder

Facility administrators/managers must choose a representative to obtain and use Alternate Cardholder EBT cards for some or all of their residents. This person will have access to all food benefits in resident's EBT accounts, 24 hours a day, seven days a week. Facilities are cautioned to choose trustworthy individuals since facilities are held financially responsible for any loss of EBT benefits resulting from theft or misuse of a resident's benefits from an EBT card in the facility's possession.

B. Obtaining Alternate Cardholder Cards

1. Authorizations For Group Homes (Participation Levels 2 & 3)

The resident or facility administrator/manager must complete and sign an "Authorization For Alternate EBT Cardholder", form EBT 002. The facility representative must acknowledge his/her responsibility for use of the EBT card by signing the bottom of the form. A separate form is required for each resident. See [Appendix C](#) for a sample of this form.

2. Authorizations For Drug & Alcohol Treatment Centers (Participation Level 3)

Facility representatives of drug & alcohol treatment centers are not required to complete an Authorization For Alternate EBT Cardholder form. Facilities should coordinate EBT card authorization with their Single Point of Contact. See [Section 9.6 B](#). for details on the Single Point of Contact for drug & alcohol treatment centers.

3. Pick-up Cards in CSO

Facility representatives must pick up alternate cardholder cards in person at the local Community Services Office. Only the alternate cardholder can pick up the card and they must bring personal picture identification. For group homes and for drug and alcohol treatment centers accepting cash from EBT cards, the representative must also bring a signed Authorization For Alternate EBT Cardholder form (EBT 002) See [Appendix C](#) for a sample of this form.

4. Labeling Alternate Cardholder Cards

Alternate cardholder cards do not have the name of the resident embossed on the card. It is essential that facilities assure that the resident's name is clearly identified on the back of the card at the time the card is picked up. For facilities that are participating in the program under Participation Level 2 or 3, it is essential to identify which resident's benefits are being used and the amount taken from each account. This will not be possible if the resident's name is not clearly identified on the EBT card.

NOTE: The PIN number should never be written on an EBT card. Facilities may use the same PIN number for all of their alternate cardholder cards but that number should not be written on the EBT card itself.

5. Using Alternate Cardholder Cards

Once issued, the facility may designate anyone to use the Alternate Cardholder EBT card at a store (Participation Level 2) or by processing a transaction through the facility POS equipment (Participation Level 3). The person who picks up the card at the local office does not have to be the person using the card for the facility. However, when obtaining a new or replacement card or changing the PIN, the designated Alternate Cardholder must appear in person at the local office.

If another individual has been appointed by the facility, a new Authorization For Alternate EBT Cardholder (form EBT 002) is needed (except for drug & alcohol treatment centers using only food benefits).

6. Card Activation

To be activated, an Alternate Cardholder EBT card must be linked to the resident's EBT account by CSO staff. This process can only be done after the EBT card is issued to the facility representative. In some cases, cards will not be activated until the initial benefits are posted to the residents account.

If the facility has an inactive Alternate Cardholder card for a resident who has been issued benefits, the facility representative should contact the local office to identify why the card is not working. The facility can verify the status of a card by calling the Automated Voice Response System at the EBT Helpdesk – **888-328-3-9271**. An inactive card will not be recognized by the EBT Helpdesk which will respond "The card number you have entered could not be found".

6.6 Controlling/Securing EBT Cards in Facility's Possession

A. Resident Cards and PINs

Facilities may elect to collect the EBT cards of residents upon entry to the facility. The purpose for this is to reduce the possibility that the resident will use food benefits to which the facility is entitled. Benefits will not be reimbursed to the facility if they are used before the facility is able to withdraw them.

If the facility collects residents EBT cards, the facility must assure that the cards are kept secure and that they are returned when the resident leaves the facility.

Facilities are held financially responsible for any loss of EBT benefits resulting from theft or misuse of a resident's EBT card while in the facility's possession.

B. Facility Alternate Cardholder Cards and PINs

Both the EBT card and PIN for alternate cardholder cards must be secured against unauthorized use. These cards, along with the PIN, access resident's EBT benefits 24 hour/day, 7 days/week. Card must be secured until returned to the departing resident or until destroyed.

For security purposes, the PIN should never be written on an EBT card. If the facility collects the resident's EBT cards, the facility should assure that the PIN has not been written on the card.

Facilities are held financially responsible for any loss of benefits to the resident due to misuse or theft of an EBT card while it was in possession of the facility.

6.7 How to Change a PIN or Obtain Replacement EBT Cards

Residents may replace their EBT cards or change PINs at the CSO or through the mail. Facilities may replace their alternate cardholder cards or change PINs only in person at the local CSO. Alternate Cardholder cards cannot be replaced through the mail.

A. At the DSHS Local Office (Residents/Facility Cards)

The resident or the alternate cardholder may choose a new PIN or obtain a replacement card at any CSO. PIN changes made at the local office allow the cardholder to select their own personalized PIN and use their new card/PIN right away.

The owner of the EBT card (resident or alternate cardholder) must appear in person and have the following items:

- Picture identification of the cardholder; and
- The EBT Card (for PIN changes)

B. Through the Mail (Resident cards)

The resident may obtain a new PIN or replacement card by calling the Customer Service Helpdesk at **1-888-328-9271**. Cards or computer generated PINs will be mailed and should be received in approximately 4 – 5 days. If both card and PIN are requested, they should be received in about 6 to 7 days. This additional delay is because the EBT card is always mailed first with the PIN following about two days later. This is a security practice for all mailed EBT cards with PINs. Replacement EBT cards can be requested without changing the former PIN number. The resident must be sure to specify this when requesting a replacement EBT card from the Customer Service Helpdesk.

Cards and PINs will be mailed to the address recorded in the Citibank system. For the resident, this will be the address currently listed in the DSHS Automated Client Eligibility System (ACES). See [Section 9.2 B](#). for the information required when calling the Customer Services Helpdesk.

6.8 Reporting Lost/Stolen EBT Cards

PIN numbers help prevent unauthorized use of EBT Cards. However, if the PIN is known or is guessed by someone, benefits can be lost. Therefore, if an EBT card for a resident or alternate cardholder is lost or stolen, it should be reported immediately to the Customer Service Helpdesk (1-888-328-9271). To quickly get to an operator, select the “report lost, stolen card” function.

NOTE: Recipient EBT cards cannot be cancelled by the facility. The recipient or DSHS staff must cancel these cards. Call DSHS staff to cancel resident's EBT cards that could not be returned to the resident before they left the facility. Once an EBT card is cancelled, that card number can never again be used to withdraw benefits. A replacement card issued to the resident will contain a new, unique 16-digit number. See [Section 9.2 B](#). for information required when calling the Customer Services Helpdesk to cancel an EBT card.

6.9 Return or Destroy EBT Cards After Resident Leaves

A. Resident's EBT Cards

When a resident leaves a facility, their EBT card should be returned to them if it is in the possession of the facility. If a card cannot be returned before the resident leaves, the facility should destroy the card by the end of the month in which the resident leaves. See [Section 6.9](#) for procedures for destroying EBT cards.

Although not prohibited, it is not advisable to send resident's EBT cards through the mail to either the resident or to DSHS. Former residents can obtain replacement EBT cards by mail or over the counter at any local Community Services Offices.

B. Alternate Cardholder Cards

Facilities must destroy alternate cardholder cards for residents who have left the facility. These cards are not to be given the resident. However, facilities may keep cards until benefits due the facility for the month have been deposited and withdrawn. All cards must be destroyed no later than the end of the month in which the resident left the facility.

Example: Resident leaves facility on 2nd day of the month. Food benefits are not deposited until the 10th. Facility is eligible for half of the resident's monthly food benefits and may hold the alternate cardholder card until the 10th to withdraw their share of the monthly benefits.

C. Best Practice for Destroying Cards

DSHS recommends that cards be destroyed by cutting them into several pieces with at least one cut lengthwise through the magnetic stripe on the back of the card.

7.0 WITHDRAWAL AND USE OF FOOD BENEFITS – PARTICIPATION LEVEL 3

This section outlines the procedures used by all FNS certified drug & alcohol treatment centers and those group homes that choose to participate in the program using Participation Level 3 described in [Section 2.9 C](#).

7.2 Options for Withdrawal of Food Benefits

Facilities have three options in how to withdraw food benefits from resident's EBT accounts. The method selected will determine where the POS equipment is installed or where vouchers will be located. Facilities may choose to:

- Allow residents to use their own EBT card, or
- Obtain alternate cardholder cards for each recipient, or
- Use a combination of both methods.

There are considerations that will affect the decision for each of the methods. See [Section 6.4](#) for a discussion of the advantages and disadvantages for each method.

7.4 Using POS Equipment

An EBT card and PIN must be used to withdraw benefits from an EBT account. See the "POS Procedures Manual" provided by the EBT vendor for use of the POS equipment. The manual explains all of the following areas of POS use:

- POS Equipment Introduction
- Transactions
- Off-line Food Benefit Voucher Transactions
- Supervisor Transactions
- Balancing
- Totals Reporting
- Maintenance and Troubleshooting

7.6 Use of Offline Food Stamp Vouchers

Offline Food Stamp Vouchers are provided to FNS certified group homes and drug & alcohol treatment centers that are expected to use less than \$100/month in food benefits.

Vouchers are also used by facilities when POS equipment is not working or the system is not available to perform a POS food benefit transaction.

See the "POS Procedures Manual" provided by the EBT vendor for use of Offline Food Stamp Vouchers.

Offline vouchers may be used only with food assistance benefits. There are no offline voucher provisions for cash assistance benefits.

A copy of the offline voucher must be retained for monthly reporting and periodic reviews. See [Section 3.4](#) Record Keeping.

7.7 Determining The Amount Of Food Benefits To Withdraw

Group homes and FNS certified drug & alcohol treatment centers are allowed to use Basic Food benefits for an eligible resident's food needs while in the facility. The amount of benefits a facility can use and the date the facility can receive the benefits depends on:

- The date the resident enters the facility,
- The monthly benefit amount and

- Whether the resident was receiving food benefits when they entered the facility.

Each month, the facility must determine the amount of benefits to withdraw from each resident's EBT food account. The amount may change from month to month due to changes in the resident's income, expenses, or other circumstances. DSHS notifies residents of these changes and also provides facilities a monthly statement of the amount of benefits issued and the date these benefits are available. See [Section 7.7 G](#). for sources to help the facility identify the amount of monthly benefits received by a resident.

A. Applicant (Not Receiving Food Benefits At The Time They Entered The Facility)

FNS certified facilities may apply for food benefits at any time during the month on behalf of residents who do not already receive food benefits. The facility may use any food benefits issued to the resident from the date of the application.

Benefits from any prior period belong to the resident and may not be withdrawn by the facility. However, benefits issued for a future month may be withdrawn provided the resident is expected to still be residing in the facility on the 1st of the following month.

***Example 1:** Facility applies for a resident on the 20th of month #1. Benefits for that month and month #2 are issued in the amount of \$46 for month #1 and \$141 for month #2. The facility may withdraw the full \$187 in food benefits for both months. If the resident leaves prior to the 1st of month #2 the facility may only withdraw the \$46 issued for the initial month.*

***Example 2:** Facility applies for a resident and benefits are issued in the amount of \$96. The balance in the resident's food account is \$196. The additional \$100 was received several months earlier but was not spent. The facility is allowed to withdraw only the \$96 for the current month.*

B. Recipient Enters A Facility – No Other Members in Resident's Food Assistance Unit (AU)

If a resident currently receiving food benefits enters the facility on or before the first of the current month, the facility may withdraw the full monthly food benefit for the current month. The facility may not withdraw food benefits for a month in which a current food benefit recipient entered the facility on the 2nd day of the month or later.

***Example:** A recipient of food benefits enters the facility on the 2nd. Their food benefits for that month are deposited into the resident's EBT account on the 10th. The facility **may not** withdraw any of these benefits.*

C. Recipient Enters A Facility – Other Household Members Remain In The Food AU

If a resident enters the facility and is currently receiving food benefits with other people, the facility **may not** withdraw food benefits in the month the resident entered the facility. The benefits for that month belong to the remaining members of the AU.

The facility may withdraw food benefits in the month after the resident entered the facility **only** if DSHS has given the remaining AU members at least 10 days advance notice of the reduction in their benefits before the 1st of the following month.

If removing the resident from the existing AU causes an increase in benefits for the remaining AU members, advance notice is not required and the facility may withdraw the resident's benefits for the month after entry.

Example 1: Recipient leaves a food AU with other household members and enters a facility on the 15th of month #1. The change causes a reduction in the amount of food benefits paid to the AU. DSHS is able to give 10 days advance notice to the AU and the facility is allowed to withdraw food benefits beginning month #2.

Example 2: Dad and family are receiving food benefits. Dad enters a treatment facility on 25th of month #1. Family sent 10-day advance notice of reduction in benefits with effective date of change as month #3. Facility is not allowed to withdraw benefits for month #2. Facility is allowed to withdraw resident's monthly (one-person) benefit beginning in month #3.

D. Food Recipient Leaves A Facility

If a resident leaves the facility on or before the 15th of the month, the facility must return (credit) half of the resident's monthly food benefits to the resident's EBT account. Benefits should be credited back to the resident the same day as the resident leaves, but in no case should the credit be delayed beyond three (3) calendar days from the date the resident left the facility (See example 3 below).

Include cents when calculating the amount of benefits to return. For example, if a resident's monthly benefit is \$141, the facility must return \$70.50.

If the facility was unable to withdraw the resident's full monthly benefit for the month in which the resident left the facility, the facility may keep up to half of the resident's monthly benefit amount.

Example 1: Resident spends \$100 of their monthly benefit amount of \$141 before facility can withdraw the full \$141. Facility receives only \$41. Resident leaves on the 10th of that month. The facility does not have to return any benefits back to the resident if the facility received less than the \$70.50 they were allowed to keep for the month.

Example 2: Resident leaves a facility on the 1st. The food benefits for that month will not be deposited in to the resident's EBT account until the 10th. The facility may withdraw half of the resident's food benefits for that month since the resident was in the facility on the 1st and the facility is allowed half of his/her food benefits.

Example 3: Resident leaves a facility on the 15th. Half of the food benefits withdrawn by the facility should be returned on the 15th, but no later than the 17th.

E. Recipient Moves Between Facilities

If a resident leaves one facility and enters another facility before the 16th of the month, the second facility may receive half of the resident's food benefits for the month provided there is no more than a one-day break between the date the resident leaves the 1st facility and the date they enter the 2nd facility. The 1st facility must return half of the resident's food benefits for the month the resident left their facility.

Example 1: Resident leaves facility #1 on 15th and enters facility #2 on the 16th. Facility #1 must return half of the monthly benefits to the resident and facility #2 may withdraw these benefits after they have been returned to the resident's EBT food account.

Example 2: Resident leaves facility #1 on the 1st and enters facility #2 the same day. Monthly food benefits are deposited to the resident's account on the 10th. Facility #1 is allowed to withdraw half of the benefits for that month and facility #2 is allowed to withdraw the other half.

Example 3: Resident leaves facility #1 on 31st of Month #1 and enters facility #2 on 2nd of Month #2. Facility #2 is not entitled to any of the benefits for month #2 because there was more than a one-day break between exit and entry (**E**), and the resident entered as a recipient after the first of the month (**B**). If resident had entered on 1st of the month, facility #2 would have been allowed to withdraw all of month #2 benefits.

F. DSHS Will Not Replace Benefits If An Account Has Insufficient Funds

We encourage facilities to withdraw the full amount of food benefits to which they are allowed as soon as the benefits are available in the resident's EBT food account. If the resident or another person spends the benefits, the department will not reimburse the facility for these benefits.

Example: Facility is allowed to withdraw \$141 in food benefits for the month. Resident leaves EBT card/PIN with another person before entering the facility. The other person spends all but \$25 of the resident's monthly benefits. The facility may withdraw only the remaining \$25 in the resident's EBT food account. The department will not reimburse the facility for these lost benefits.

G. How to Determine the Resident's Monthly Benefit Amount

There are several sources to identify the amount of monthly benefits issued to a resident.

1. Monthly Statement (0038-01 Food Assistance Payee Remittance)

DSHS sends each facility a Food Assistance Payee Remittance statement each time a benefit is issued to a resident residing in a group home or drug & alcohol treatment center. The letter identifies the amount of benefits, the period for which they are issued, the date when benefits will be available to the resident, and the phone number for the local office handling the case. See [Appendix A](#) for an example of this statement.

If the facility does not receive a statement for a resident that has been approved for and received food benefits, the facility should contact the local office to confirm that DSHS has been informed that the individual is a resident of the facility and the eligibility system has been correctly coded to reflect the change and issue the statement.

2. Approval/Change Letters

DSHS sends the resident an approval letter upon approval of assistance. The letter identifies the amount of initial and ongoing monthly benefits and the date these benefits will be available to the resident each month.

DSHS sends a letter when a change of circumstances affects the amount of benefits for which the resident is eligible.

3. AVR -- Last 10 Transactions Function

The Automated Voice Response (AVR) system will provide the last 10 transactions in the resident's EBT account including deposits. Access the AVR by calling the Customer Services Helpline at **1-888-328-9271**. The AVR will first give account balances followed by a prompt allowing the caller to select the option for the last 10 transactions.

4. Client EBT Internet Account

EBT transaction history, including deposits and purchases for the last 180 days, are available online at the Client EBT Internet Account web site. The account information is available to either clients or authorized facility staff. The resident has access using their 16-digit EBT card and PIN. The facility's Authorized Representative has access using the facility's Alternate Cardholder Card and PIN. The Internet address for the site is:

www.ebtaccount.jpmorgan.com

Confidential EBT transaction information provided to facility representatives may only be used to assist the facility to correctly debit or credit a client account.

5. Balance Inquiry of Food Assistance Account EBT

The "balance inquiry" method can help the facility identify the amount and when monthly benefits were deposited into the resident's EBT account.

It should be noted that the balance in an EBT account may not accurately reflect the amount of benefits for which the facility is authorized to withdraw. This balance can be affected by previous benefits in an account, supplemental deposits for prior periods, and credits from retailers for prior periods.

a) Balance Inquiry Function of POS Equipment

The balance in an EBT account can be obtained using the POS Balance Inquiry Function. See the POS Procedures Manual provided when the POS equipment was provided to the facility.

b) At Customer Services Helpdesk (1-888-328-9271)

The benefit balance in an EBT account can be obtained by calling the toll free AVR to obtain the balance in the resident's EBT food account. See [Section 9.2 A.](#) for procedures for calling this number.

6. Local Community Services Office

If after checking the options above it is still unclear as to the amount of benefits that a resident receives:

a) Group Homes should contact the local office and ask to speak with a financial worker. See procedures in [Section 9.6 A.](#)

b) Drug and alcohol Treatment Centers should contact their local office Single Point of Contact. See procedures in [Section 9.6.B.](#)

7.8 Purchasing Food for Residents

Food assistance benefits may be used only to purchase food for residents of the facility. However, there is no expectation that only the eligible food assistance residents receive the food that was purchased with their food benefits. All residents of the facility may share in the food purchased with food benefits.

7.9 Deposits To Facility Bank Accounts

A. Cut-Off Time

The facility cutoff time is the hour of the day that facility transaction processing cuts off each day. This time period is reported to the EBT vendor at the time the POS contract is signed. The 24-hour period from one cut off time to the next is called the processing day. If facility cutoff time is before the ACH deposit deadline (6:00 p.m. Central Time Zone) the funds will be deposited into the facility bank account the next business day. If the cutoff time is after 6:00 P.M. Central Time, funds will be deposited into the facility bank account in two banking days.

B. Facility Bank Account

Although not required by federal regulation, a separate bank account for food benefits is desirable. The separate account will assist the facility in verifying that the food benefits were used solely for food purchases on behalf of residents. Expenditures from this account will be reviewed as part of the DSHS on-site periodic reviews discussed in [Section 3.6](#).

All deposits resulting from a single POS terminal must be deposited into a single bank account. This means that for drug & alcohol treatment centers accepting cash benefits on their POS terminal, cash and food deposits will be combined into a single daily total and deposited into a single facility bank account. The facility will have to maintain adequate documentation to separately identify cash and food deposits.

NOTE: Facilities may obtain non-state provided POS terminals for cash transactions. These deposits could be identified separately into the food bank account or a separate account could be used. These Third Party Providers are numerous and banks can usually supply a list of providers.

8.0 REPORTING REQUIREMENTS

8.2 Reporting Changes In Resident Status

Facilities must report the date a food assistance recipient enters or leaves the facility. The report is to be made to the resident's local Community Services Office within 10 days of the change.

Facilities may choose to report the change of circumstances via the online community services office at the following address:

https://wws2.wa.gov/dshs/onlineapp/introduction_1.asp

NOTE: In the Internet site above, there is an underline between "introduction" and "1". (/introduction_1.asp).

Once submitted, the report will be electronically routed to the appropriate CSO for action.

8.4 Reporting Changes In Facility Demographics/Certification Status

A. What to Report

Facility administrators/managers must report to DSHS the following changes to their facility within 10 days of the change:

1. Physical address

2. Mailing address
3. DDD or DASA license revocations
4. FNS certification revocation
5. For DDD group homes, an increase in the number of residents beyond the 16-bed resident limit for a single residence.
6. Nonprofit status revocation.

NOTE: Facilities may also be required to report these changes to FNS as part of their certification requirements.

B. Where to Report

Notice should be sent to:

Department of Social and Health Services
Electronic Benefits Transfer Program
MS 45445
Olympia, WA 98504-5445

FAX: 360-407-3998

8.6 Monthly Transaction Reporting – Participation Level 3

A. Requirement

Federal regulations require participating facilities to provide DSHS a monthly report of all food benefits withdrawn or returned to residents.

1. The report must identify the facility name and address, report month/year, and the facility's 7-digit FNS number.
2. The report must detail the following information for each resident receiving food benefits or for whom benefits were withdrawn or credited:
 - a. Resident Name
 - b. DSHS Client ID
 - c. Arrive Date
 - d. Depart Date
 - e. Month for which food benefits were withdrawn/credited (identifies a current or past month for which a withdrawal or credit was transacted)
 - f. Date/Amount of withdrawals
 - g. Date/Amount of credits (return to residents)
3. The report must include the following statement:

"I certify that this is an accurate report of all food assistance transactions completed by this facility."
4. The report must be signed/dated by a responsible facility official and their position/title and phone number must be identified.
5. Reports are due in DSHS no later than 15 days following the end of the report month.

B. Report Format

Facilities may choose to report the required information in one of three ways. Facilities may use 1) the monthly transaction statement, 2) department form EBT-018 or 3) a facility developed form/format which meet the requirements of 8.6 A. above.

1. Monthly Transaction Statement (Mailed By DSHS)

By the 5th of each month, DSHS mails a statement of the EBT transactions completed or attempted by each facility for all residents in their facility for the previous month. The report is generated from transaction information provided by the EBT vendor. This statement may be used by the facility to file their monthly report. The facility must complete the last three sections of the report by entering: date arrived, date left (if applicable) and month for which the withdrawal or credit is intended. If used as the monthly report, the statement must be signed, dated and returned to DSHS by the 15th of the month. See an example of the statement in [Appendix F](#).

2. Monthly Food Assistance Report for Residential Facilities – Form EBT 018

The department form is the “Monthly Food Assistance Report for Residential Facilities”. The form and completion instructions are included as [Appendix D](#) in the back of this handbook.

3. Facility Form

Some facilities may choose to include this information in a spreadsheet or database report to support or leverage their internal accounting processes. DSHS will make every attempt to approve these report formats provided they include all necessary information.

C. Where to Return Completed Monthly Reports

Completed reports should be mailed or faxed to DSHS at the following address:

Department of Social and Health Services
Electronic Benefits Transfer Program
MS 45445
Olympia, WA 98504-5445

FAX: 360-407-3998

9.0 WHERE TO GET INFORMATION

9.2 Customer Services Helpline – 1-888-328-9271

The EBT process is supported by a toll free Customer Services helpline, which is available 24 hours/day, seven days/week. The helpline is comprised of an Automated Voice Response (ARU) and Customer Service Representatives (CSR).

A. Automated Voice Response System

When called, the AVR will prompt the caller to select either English or Spanish. Once selected, the caller will be prompted to input the 16-digit EBT card number. If the card is active, the caller is

provided the balance in their EBT account. Alternate cardholder cards will link to the resident's EBT account.

The caller will then be prompted to select from several other options

- The last 10 transactions;
- Reporting lost or stolen EBT cards;
- Requesting PIN replacement;
- Other options.

B. Customer Service Representative

1. A Customer Service Representative may be contacted by selecting either the option for reporting lost/stolen EBT card or for requesting a PIN replacement.
2. If the EBT card number is not known, a Customer Service Representative may still be reached. After reaching the AVR, the caller must not make any entries when asked to enter the 16-digit card number. If no entries are made the AVR will prompt the caller to press 1 if they wish to report a lost or stolen card. When pressed, the AVR will transfer the caller to a Customer Service Representative.
3. Before the Customer Service Representative will be able to cancel an EBT card, or reissue a card/PIN, they must verify that the caller is the owner of the EBT card. An alternate cardholder may not cancel the card of a resident.

The caller will need to have the following resident personal information:

- a) The name of recipient or alternate cardholder;
- b) The Social Security Number of the resident
- c) The birth date of the resident
- d) The DSHS client ID number for the resident

9.4. Retailer Customer Services Helpline/AVR (1-800-831-5235)

The EBT System provides a merchant customer service number available 24 hours a day, 7 days a week.

This helpline provides assistance for problems/questions about POS equipment and transactions.

9.5. Internet Access To EBT Account Information

1. Beginning in April 2005 DSHS clients with EBT cash and or food accounts can access their account information and change their PINs through any computer with an Internet connection. This service is available to client and authorized representatives at no cost and requires no advance registration. Clients and their alternate cardholders (authorized facility representatives) will need to have their 16-digit card number and PIN. Account information is available in either English or Spanish. See [Appendix E](#) for sign on page.
2. Access to the account information is from the following web site address:

www.ebtaccount.jpmorgan.com

3. The functions available through the Internet site include:
 - a. View EBT account Information including: current (real time) balances in both cash and food accounts, and detailed transaction history. EBT transactions history is available for up to 180 days and includes: date of action, type/location of action, and transaction amount. Transaction information may also be downloaded to several formats including Excel, Quicken and Microsoft Money.
 - b. Change PIN. Either the client or the authorized representative can change their PIN (provided they know their current PIN number.)
 - c. E-mail questions and read responses from Customer Services about their EBT account or transactions.
4. The information provided by this Internet site is highly confidential. It is provided to authorized representatives only for purposes directly related to the food or cash benefit program for which access was originally authorized. Misuse of this information may result in decertification from the EBT program and/or revocation of the facility's certification by DASA or DDD.

9.6 Local Community Service Office

Food assistance records are maintained by local Community Services Offices, or Home and Community Services Offices throughout the state. For residents of group homes, applications and routine maintenance of eligibility is the responsibility of the Community Services Office whose catchment area includes the zip code of the group home. This is usually the nearest local office to the facility. Many local Community Services Offices have moved to a call center system in which most questions about clients within the office or region can be answered by the call center. Many call centers also accept change of circumstances reports over the phone.

For drug & alcohol treatment centers, records are maintained by the office whose catchment area includes the resident's permanent (or last) physical address. This often means records are maintained by offices in cities or counties far from the facility. To minimize the problems for drug & alcohol treatment centers, a Single Point of Contact has been established in the CSO closest to the facility.

A. Group Homes

Group Homes should contact their local Community Services Office (or regional call center) for information about food assistance eligibility issues such as applications, eligibility reviews, or benefit issuances.

B. Drug & Alcohol Treatment Centers

A Single Point of Contact has been established for drug & alcohol treatment centers to help facilitate communications. These individuals are financial staff located in the CSO nearest the facility.

Facilities may contact these individuals to:

- Verify the amount of benefits issued to a resident to assure the facility withdraws the correct amount. Other methods of verification should be pursued before calling the Single Point of Contact. See [Section 7.7 G.](#) for other methods.

- Authorize alternate cardholder cards for facilities that choose to obtain their own EBT card for residents.
- Problem solve issues related to non-receipt of benefits;
- Obtaining or replacing a Food Assistance Payee Remittance (0038-01).

9.8. State Office EBT Project Office - (360) 725-4551

Department of Social and Health Services
Electronic Benefits Transfer Program
MS 45445
Olympia, WA 98504-5445

FAX: 360-407-3998

10.0 FORMS AND INSTRUCTIONS

10.1 Authorization For Alternate EBT Cardholder (Form EBT – 002)

See [Appendix C](#) for a sample of this form.

A. Purpose

Authorizes a group home representative to act as an alternate cardholder for a facility. Authorizes a drug and alcohol representative to access a resident's cash account.

B. Completion

For group homes, the form is completed or signed by either the resident or by the facility administrator or manager. For drug & alcohol treatment centers, the resident must sign the authorization.

C. Distribution

The form is given to the Community Services Office at the time the alternate cardholder card is requested.

10.2 Monthly Food Assistance Report For Residential Facilities (Form EBT – 018)

See [Appendix D](#) for a sample of the form and instructions for completion.

A. Purpose

This form (or it's equivalent) is used by facilities to report monthly food assistance withdrawals from and returns to residents in certified group homes and drug & alcohol treatment centers. The report is used by EBT Project staff to conduct a desk review of facilities handling of food benefits. The reports are also used as part of state/federal periodic on-site reviews.

B. Completion

Facility staff must complete a report for each month in which they withdraw or return food benefits to a current or former resident. Incomplete forms will be returned to facilities. Facilities with chronically late or incomplete reports will be referred to FNS with a recommendation for decertification.

C. Distribution

Forms are routed to:

Department of Social and Health Services
Electronic Benefits Transfer Program
MS 45445
Olympia, WA 98504-5445
FAX: 360-407-3998

APPENDICES

[Appendix A Food Assistance Payee Remittance \(0038 – 01\)](#)

[Appendix B Cancellation of Food Assistance Benefits \(0038 – 03\)](#)

[Appendix C Authorization for Alternate EBT Cardholder \(EBT – 002\)](#)

[Appendix D Monthly Food Assistance Report For Residential Facilities \(EBT – 018\)](#)

[D – 1 Example of Completed Form](#)

[D – 2 Blank Form \(EBT – 18\)](#)

[D – 3 Second Page of Blank Form \(EBT – 18+\)](#)

[D – 4 Completion Instructions for the Form](#)

[Appendix E Internet Access to EBT Account Information](#)

[Appendix F Monthly EBT Transaction Statement](#)

[F – 1 Example Of EBT Monthly Transaction Statement](#)

[F -- 2 Definitions Of Field On Monthly Transaction Statement And Completion Instructions](#)

Appendix A Food Assistance Payee Remittance (0038 – 01)

DIV ASSIST PROGRAMS
PO BOX 45470
LACEY WA 98503-1249



Phone # 360-413-3207
TTY/TDD #
Toll Free #

02/23/02

ISABELLA HOUSE
P O BOX 4627
SPOKANE WA 99202-0627

Dear Payee ISABELLA HOUSE

You are authorized to get food assistance benefits for the person(s) listed below. Your Authorized Representative (AREP) number is: 90000007

This is to let you know that these benefits will be electronically deposited to your EBT account by 9:00 AM a.m. on the deposit date listed below.

Client ID	Client Name	Local Office # And Phone	Benefits Being Issued		
			\$	Month	Deposit Date
3006011	ROSIE I CAMP	013 509-764-5600	\$185.00	03/02	03/06/02
4254926	MARSHA BINLEY	060 509-227-2400	\$ 35.00	03/02	03/01/02
2953170	KIMBERLY REID	049 253-476-6800	\$135.00	03/02	03/04/02

If any of these individuals leave your facility, you must report the date to the client's local office. If the clients leave the facility before the 16th of the month, we will transfer half of the monthly benefit from your EBT account into their EBT account.

If you have any questions about the balance of funds in your account, call the Customer Service help-line at 1-888-328-9271. If you have any questions about eligibility or benefit amounts, call our office at the number listed above.

0038-01 Food Assistance Payee Remittance Group Home# 090000007

Appendix B Cancellation of Food Assistance Benefits (0038 – 03)

DIV ASSIST PROGRAMS
PO BOX 45470
LACEY WA 98503-1249



Phone # 360-413-3207
TTY/TDD #
Toll Free #

02/23/02

RECOVERY HOUSE
P O BOX 123
SPOKANE WA 99201

Dear Payee RECOVERY HOUSE

This letter describes actions taken on your case. If you disagree with any action taken on your case, see your Fair Hearing Rights on the reverse side of any page in this letter. The actions being taken on your case now are as follows:

NOTICE 038/03 - CANCELLATION OF FOOD ASSISTANCE BENEFITS

You were notified that your facility would receive food assistance benefits on behalf of the individual(s) below. This is to advise you that the benefits for this individual have been canceled and will not be deposited into your EBT account.

Based on the client's circumstances, these benefits may or may not be reissued. If the benefits are reissued to your facility, you will receive a new Notice 038/01 for the correct amount and benefit month.

If you have questions related to this action, you should contact the client's local office by calling the number(s) below.

Client ID	Client Name	Local Office # And Phone	Benefits Being Cancelled \$ Month
002052154	WATSON THOMAS A	048 253-471-4400	\$58 05/01

0038-03 Cancellation Of Food Assistance Benefits # 090000007

Appendix C Authorization For Alternate EBT Cardholder

AUTHORIZATION FOR ALTERNATE EBT CARDHOLDER	Name:
	Client ID:

What is an Alternate EBT Cardholder? This is a person you choose to use your benefits for you. An Alternate Cardholder will get their own Washington Quest card that lets them spend your cash benefits, food benefits or both.

Do I Need an Alternate EBT Cardholder? Usually no. You will have your own Washington Quest card. You can use your card 24 hours per day, 7 days per week. However, if you do need someone to help you use your food or cash benefits, you may want to choose an Alternate Cardholder.

What Should I Consider Before I Choose an Alternate Cardholder? Choose a person you trust. This person will be able to use your benefits 24 hours per day, 7 days per week. Unauthorized withdrawals by this person will not be replaced to you.

If you wish to choose an Alternate EBT Cardholder: Complete and return this form to your local office. Both you and the person you select must sign the form. **The Alternate Cardholder must come into the local office to receive their card and PIN.**

I choose (Please Print) _____
to be my Alternate Cardholder. I understand that this person has full access to use my benefits. I cannot get those benefits replaced if this person uses them without my permission.

This person may use my (check one or both):

☐ Food Benefits
☐ Cash Benefits

Client Signature: _____ **DATE** _____

To cancel this authorization, call Customer Services at 1-888-328-9271 (Toll Free).

Person Chosen Completes This Section (Please print clearly) All information will be kept confidential		
Name:		
Address:		Phone:
City:	State:	Zip Code:
I agree to act as Alternate Cardholder for the person named above. I accept full responsibility to use this person's benefits solely in their interest and for their benefit. I understand that I may be held personally liable to make up any losses due to misuse of the benefits and may be liable for other such judgments as a court may determine.		
Signature of person chosen:		Date:

Appendix D Monthly Food Assistance Report For Residential Facilities (EBT – 018)

[D-1 Completed Example of Form](#)

[D-2 Blank Form \(EBT 018\)](#)

[D-3 Second Page of Report \(EBT 018+\)](#)

[D-4 Instructions For Completing Report Form](#)

D-1 Completed Example

**Monthly Food Assistance Report
For Residential Facilities**

Page: 1 of ____

Facility Name: *A-1 Drug and Alcohol Treatment Center*

Report Mo/Yr: *July / 2004*

Address: *1234 Washington Way*

City: *Seattle*

Facility FNS #: *5499999*

Resident Name	ACES Client ID	Arrive Date	Date Left Facility	Benefit Month	Food Benefit Transactions			
					Date	\$\$ Withdrawn	Date	\$\$ Returned
<i>Robert Smith</i>	<i>123456</i>	<i>6/25/04</i>	<i>7/10/04</i>	<i>7/04</i>	<i>7/07/04</i>	<i>\$ 141.00</i>	<i>7/15/04</i>	<i>\$ 70.50</i>
<i>Sally Jones</i>	<i>234567</i>	<i>7/1/04</i>		<i>7/04</i>	<i>7/08/04</i>	<i>\$ 141.00</i>		<i>\$</i>
<i>Steve Johnson</i>	<i>541236</i>	<i>5/29/04</i>	<i>7/15/04</i>	<i>6/03</i>	<i>7/10/04</i>	<i>\$ 127.00</i>		<i>\$</i>
<i>Steve Johnson</i>	<i>541236</i>	<i>5/29/04</i>	<i>7/15/04</i>	<i>7/04</i>	<i>7/10/04</i>	<i>\$ 127.00</i>	<i>7/16/04</i>	<i>\$ 63.50</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
						<i>\$</i>		<i>\$</i>
Page Totals					<i>\$ 536.00</i>		<i>\$ 134.00</i>	
Other Page(s) Totals					<i>\$</i>		<i>\$</i>	
Report Month Totals					<i>\$ 536.00</i>		<i>\$ 134.00</i>	

I certify that this is an accurate report of all food assistance transactions completed by this facility.

Signature: _____
(Responsible facility official)

Date: ____/____/____

Title: _____

Phone: (____) _____

Return reports to: DSHS – EBT Project
MS 45445
(Form EBT 018) Olympia WA 98504-5445

FAX: 360-407-3998

**COMPLETED FORMS TO BE RECEIVED BY DSHS NO LATER THAN
15 DAYS FOLLOWING THE END OF THE REPORT MONTH**

D-2 Blank Form

Monthly Food Assistance Report for Residential Facilities

Page: 1 of ____

Facility Name: _____

Report Mo/Yr: ____/____

Address: _____ **City** _____

Facility FNS #: _____

Resident Name	ACES Client ID	Arrive Date	Date Left Facility	Benefit Month	Food Benefit Transactions			
					Date	\$\$ Withdrawn	Date	\$\$ Returned
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
Page Totals					\$			\$
Other Page(s) Totals					\$			\$
Report Month Totals					\$			\$

I certify that this is an accurate report of all food assistance transactions completed by this facility.

Signature: _____
(Responsible facility official)

Date: ____/____/____

Title: _____

Phone: () _____

Return reports to: DSHS – EBT Project
MS 45445
(Form EBT 018) Olympia WA 98504-5445

FAX: 360-407-3998

**COMPLETED FORMS TO BE RECEIVED BY DSHS NO LATER THAN
15 DAYS FOLLOWING THE END OF THE REPORT MONTH**

D-3 Second Page

Page: _____ of _____

Resident Name	ACES Client ID	Arrive Date	Date Left Facility	Benefit Month	Food Benefit Transactions			
					Date	\$\$ Withdrawn	Date	\$\$ Returned
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
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					\$		\$	
					\$		\$	
Page Totals					\$		\$	

(Form EBT 018+)

D-4 Completion Instructions

Completion Instructions for the “Monthly Food Assistance Report for Residential Facilities”

Facility Name: This is the unique name of the facility at this location. This may include a corporate name, but must identify this specific facility (e.g. group home #2).

Page 1 of ____: This identifies the page number if multiple pages are required.

Address: This is the physical address of residents living in the facility.

Report Mo/Yr: This is the calendar month and year of the report. Reports for the prior month are due to the EBT Project Office by the 15th day of each month.

FNS ID #: This is the seven-digit “Food Stamp Program Permit Number” assigned by Food and Nutrition Services (FNS) to eligible group homes and drug & alcohol treatment facilities.

Resident Name: This is the name of the food assistance client whose benefits were withdrawn or returned.

ACES Client ID: This is a unique 7 – 9 digit number assigned to each eligible client by the ACES eligibility system. If the ACES Client ID is not known, use the client Social Security Number and indicate that this is an SSN. We wish to minimize the use of SSN for identification purposes. Please use the ACES Client ID where possible.

Arrive Date: This is the date the resident entered the facility and should be included for each resident listed on the report.

Date Left Facility: This is the date the resident left the facility. Leave blank if client is still in the facility at the time the report is completed. This date is not necessarily the same as the discharge date.

Benefit Month: This is the month for which the benefits are being withdrawn or returned.

Food Benefit Transactions:

Date / \$\$ Withdrawn: This is the date the transaction was made and the amount of benefits that were withdrawn from the resident’s account. Actual deposits into the facility’s bank account may be one or two business days later.

Date / \$\$ Returned: This is the date the transaction was made and the amount of benefits returned (credited) to the resident. This usually occurs when residents leave the facility prior to the 16th of the month (or if other credit adjustments are required).

Page Totals: Add the totals of the “\$\$ Withdrawn” column and the “\$\$ Returned” column and enter in the corresponding Page Totals boxes.

Other Page Totals: Add the “Page Totals” from all additional pages and enter in the corresponding boxes.

Report Month Totals: Add “Page Totals” and “Other Page(s) Totals” and for each column and enter in the corresponding boxes.

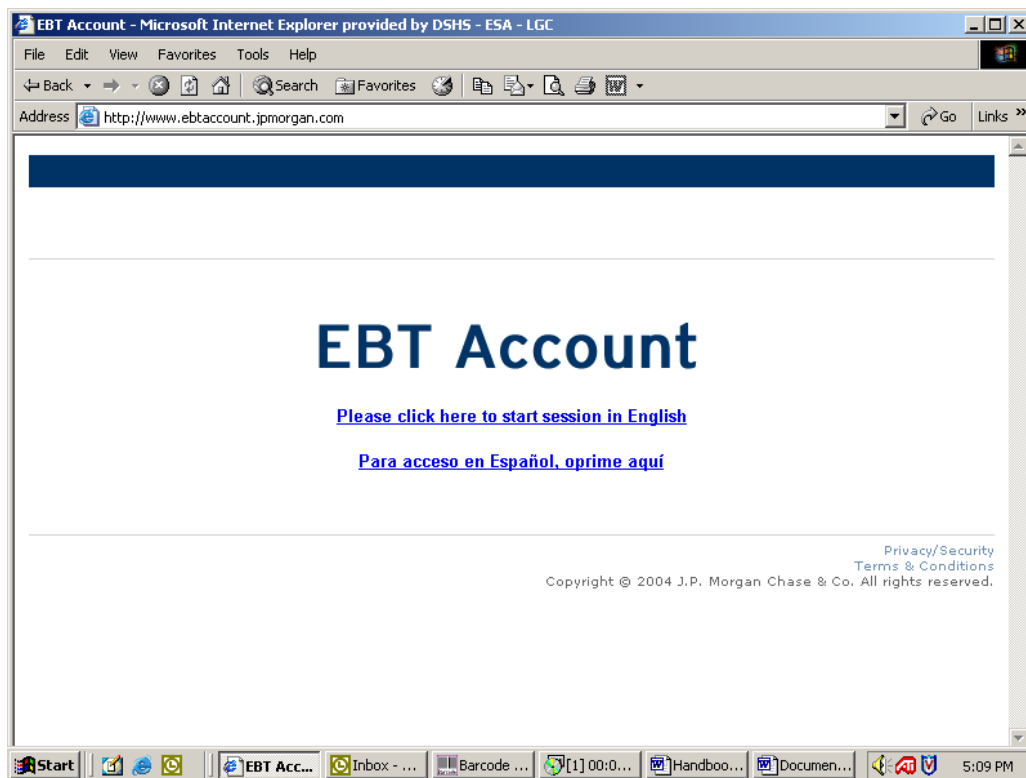
Signature: This is the signature of a responsible facility official.

Date: This is the date the report is signed.

Title: This is the title of the responsible facility official.

Phone: This is the phone number for DSHS staff to call if any follow up is needed.

Appendix E Internet Access To EBT Account Information



Sign On Page (**NOTE:** May have to disable Pop-up-Blocker program on PC to access EBT account.)



Appendix F EBT Monthly Transaction Statement

F --1 Example Of EBT Monthly Transaction Statement

DEPARTMENT OF SOCIAL & HEALTH SERVICES MONTHLY FOOD ASSISTANCE REPORT FOR RESIDENTIAL FACILITIES

Facility Name
Address 1
Address 2
City, State Zip Code

FNS ID: 123456789
Report Month: XX/XX
Report Run Date: XX/XX/XX

----- FACILITY REPORT -----										
Transaction Date/Time	Name	Case Number	Card # 507710	Transaction Code	Db/Cr	Transaction Amount Attempt / Completed	Denial	Benefit Code	Arrive Month	Depart Date
08/12/2004	Fred Allen	123456789	1234567890	301	Cr	\$141.00 \$141.00				
08/12/2004	Fred Allen	123456789	1234567890	302	Db	\$ 70.50 \$ 70.50				
08/14/2004	George Gobel	234567890	2345678901	302	Db	\$ 70.50 \$ 70.50				
08/24/2004	Jack Benny	345678901	3456789012	301	Cr	\$141.00		51		
08/30/2004	Matthew Rogerson Sr	456789012	4567890123	301	Cr	\$ 70.50 \$ 70.50				

Signature of Responsible Facility Official: _____

Date: _____

Title of Person Completing Report: _____

Phone (____) _____

Return Completed Report To:

DSHS – EBT Unit
MS 45445
Olympia WA 98504-5445

FAX Number: (360) 407-3998

Reports due to DSHS no later than 15 days
following end of the report month

F- 2 Definitions Of Fields On EBT Monthly Transaction Statement And Completion Instructions

This document is sent with the monthly transaction statement to define the information on the statement.

DEFINITIONS OF FIELDS ON REPORT

FOR REFERENCE ONLY – DO NOT MAIL THIS PAGE BACK

Report Name

Transaction Date
Transaction Time
Name
Case Number
Card #
Transaction Code
Transaction Db/Cr
Transaction Amount Attempt
Transaction Amount Completed
Deny Code

Daily Activity Field Name

= Transaction Date
= Transaction Time
= Residents Name
= Client ID
= Card Number (Last 10 digits – excluding leading 0s)
= Transaction Type (See table below)
D = Debit: Withdrawal from resident's EBT account; C = Credit: Return to resident's account
= Requested Amount
= Completed Amount
= Transaction Response Code

Facility Will Enter The Following Information:

Benefit Month = Month for which benefits are being withdrawn or returned
Arrive Date = Date resident entered the facility
Depart Date = Date resident left the facility

Most Common Transaction Code Descriptions for Food Benefits

103 / 183	Account Adjustment (Administrative Action)
104 / 184	Manual Authorization
204 / 284	Manual Authorization Release
301 / 381	Withdrawal From Client Account
302 / 382	Return To Client Account
310 / 380	Manual Authorization Debit
311	Reversal/Cancellation Of All Or Part Of A Transaction
312	Void Transaction
998*	Unknown Food Benefit Transaction – Denied

Most Common Denial Code Descriptions For Food Benefits

00 or Blank	No Denial
12	Invalid transaction Code
14	Invalid Account (May not yet be set up in EBT System)
31	Unknown Bank Card - Card Not Linked to EBT Account
41	Card Reported Stolen
51	Insufficient Funds
55	Invalid PIN
56	Card Not Linked to EBT Account
62/63/64	Card no Longer Active
75	PIN Locked Out – PIN Error Limit Exceeded